

**CITY OF PRINEVILLE  
POLICE DEPARTMENT  
400 NE THIRD STREET  
PRINEVILLE OR 97754  
(541)447-4168**



## Application for Employment

**"We are an Equal Opportunity/Affirmative Action Employer. We are dedicated to a policy of non-discrimination in employment on the basis of race, color, religion, sex, national-origin, age, or disability."**

The City of Prineville is a drug free workplace. Applicants may be subject to pre-employment drug testing.

**DIRECTIONS:** Print or use typewriter. Supply an answer to every question. If a question is not applicable to you, write NA. If additional space is needed, attach a separate sheet. Because this application may be used for investigative purposes, DO NOT misstate or omit material facts since the statements made herein are subject to verification to determine your Qualifications for employment.

|                             |                 |
|-----------------------------|-----------------|
| Position Applying For:      | DATE            |
| Name: (Last, First, Middle) |                 |
| Mailing Address:            | City State/Zip: |
| Social Security No.         | Phone:          |

Because of security issues we will need your date of birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month day 4 digit year

Because duties may involve the use of City vehicles, we need to know:

- 1) Do you have a valid Oregon driver's license? Yes \_\_\_\_\_ No \_\_\_\_\_ Number: \_\_\_\_\_
- 2) Do you have a valid driver's license in another state? State: \_\_\_\_\_ License # \_\_\_\_\_
- 3) Are you presently insured? Yes \_\_\_\_\_ No \_\_\_\_\_
- 4) Have you ever been refused auto insurance or ever had you auto insurance revoked or withdrawn? Yes \_\_\_ No \_\_\_  
 If yes, give details, reasons, names of companies, and dates.

|  |        |                |
|--|--------|----------------|
| Have you ever served in the U.S. Armed Forces                                  | Branch | Dates of Duty: |
| Principal Duties   |        |                |
| Present Classification:  |        |                |
| Are you presently a member of the U.S. Reserve or National Guard organization? |        |                |
| If yes, complete the following:<br>ORGANIZATION & STATION OR UNIT & LOCATION   |        |                |

|  |   |
|--|---|
| <b>EDUCATION RECORD-</b> If now in school, include present term – Name & Location of High School |   |
| Date last attended: _____  | Graduated: YES NO If not a high school graduate, do you have a certificate of equivalency (GED) YES NO If yes – Date: _____ |

|   |                 |                                 |
|---|-----------------|---------------------------------|
| <b>Schools attended after high school or special training received:</b> |                 |                                 |
| (NAME & LOCATION OF SCHOOL OR TRAINING FACILITY)                        |                 |                                 |
| From (Month/Year)   | To (Month/Year) | Full Time _____ Part Time _____ |
| FIELDS OF STUDY OR TITLES OF SPECIAL COURSES                            |                 |                                 |
| Major   | Minor           | No. of Credits Received         |
| CERTIFICATES DEGREES, ETC. EARNED                                       |                 |                                 |

|   |                 |                                 |
|---|-----------------|---------------------------------|
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| From (Month/Year)   | To (Month/Year) | Full Time _____ Part Time _____ |
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| Major   | Minor           | No. of Credits Received         |
| CERTIFICATES DEGREES, ETC. EARNED                                       |                 |                                 |

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| FIELDS OF STUDY OR TITLES OF SPECIAL COURSES                            |                 |                                 |
| Major   | Minor           | No. of Credits Received         |
| CERTIFICATES DEGREES, ETC. EARNED                                       |                 |                                 |

|   |                 |                                 |
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| From (Month/Year)   | To (Month/Year) | Full Time _____ Part Time _____ |
| FIELDS OF STUDY OR TITLES OF SPECIAL COURSES                            |                 |                                 |
| Major   | Minor           | No. of Credits Received         |
| CERTIFICATES, DEGREES, ETC. EARNED                                      |                 |                                 |

List any special training, licenses, certificates, machine skills, office equipment, languages, or other special skills you may have that are pertinent to the position for which you are applying.

Have you ever been convicted of a felony by either a civilian or military authority - Yes \_\_\_ No \_\_\_ If yes, explain fully. A conviction does not necessarily disqualify you from employment (exclude minor traffic violations).

Have you ever been discharged from employment - Yes \_\_\_ No \_\_\_ If yes, explain fully.

**HEALTH** - To insure that you are not placed in a position which might be a hazard to you or to others, a physical examination prior to appointment to a position may be required. Final appointment for those specific positions will be contingent upon the physical examination.

**EMPLOYMENT HISTORY** - Beginning with your present or most recent job, describe your work experience during the past (10) years. In addition, list any other prior experience related to the duties of the position for which you are applying. Also include all non-paid or volunteer work. Continue on separate sheet if necessary. *Fill in the following in detail:*

**NAME OF PRESENT OR LAST EMPLOYER:**

|                     |                           |  |
|---------------------|---------------------------|--|
| Address             |                           | Phone #  |
| Job Title           | Supervisor's Name & Title |  |
| From (Month/Year)   | To (Month/Year)           | Full Time ___ Part Time ___ (Hours Per Week) ___                     |
| Start Salary:       | Last Salary:              | If you still work here may we contact this employer - Yes ___ No ___ |
| Specific Duties:    |                           |  |
| Reason For Leaving: |                           |  |

**NAME OF PRESENT OR LAST EMPLOYER:**

|                     |                           |  |
|---------------------|---------------------------|--|
| Address             |                           | Phone #  |
| Job Title           | Supervisor's Name & Title |  |
| From (Month/Year)   | To (Month/Year)           | Full Time ___ Part Time ___ (Hours Per Week) ___                     |
| Start Salary:       | Last Salary:              | If you still work here may we contact this employer - Yes ___ No ___ |
| Specific Duties     |                           |  |
| Reason For Leaving: |                           |  |

**NAME OF PRESENT OR LAST EMPLOYER:**

|         |         |
|---------|---------|
| Address | Phone # |
|---------|---------|

|                     |                 |  |  |
|---------------------|-----------------|--|--|
| Job Title           |                 | Supervisor's Name & Title  |  |
| From (Month/Year)   | To (Month/Year) | Full Time _____ Part Time _____ (Hours Per Week) _____                   |  |
| Start Salary:       | Last Salary:    | If you still work here may we contact this employer - Yes _____ No _____ |  |
| Specific Duties     |                 |  |  |
| Reason For Leaving: |                 |  |  |

|  |                 |  |         |
|--|-----------------|--|---------|
| <b>NAME OF PRESENT OR LAST EMPLOYER:</b> |                 |  |         |
| Address                                  |                 |  | Phone # |
| Job Title                                |                 | Supervisor's Name & Title  |         |
| From (Month/Year)                        | To (Month/Year) | Full Time _____ Part Time _____ (Hours Per Week) _____                   |         |
| Start Salary:                            | Last Salary:    | If you still work here may we contact this employer - Yes _____ No _____ |         |
| Specific Duties                          |                 |  |         |
| Reason For Leaving                       |                 |  |         |

|  |      |
|--|------|
| <b>AUTHORIZATION TO CHECK WORK HISTORY AND RELEASE OF PRIOR EMPLOYERS</b>  |      |
| <p><i>I hereby certify that this application contains no misrepresentations or falsifications and that the information given is true and complete to the best of my knowledge and belief. I understand that misrepresentation or omission of facts called for in this application is cause for cancellation of the application and/or dismissal from employment. I authorize the City of Prineville, Oregon to make any necessary inquiries or investigations to verify or supplement the information contained herein. I also specifically authorize any past employer or other person with knowledge of my work history to release to the City of Prineville information about my work history upon request.</i></p> |      |
| APPLICANT'S SIGNATURE  | DATE |

# Prineville Police Department Agility / Fitness Standards

| <b>MALE/FEMALE PUSH-UP* (2 Minutes Timed)</b> |       |       |       |       |       |       |       |       |       |     |
|---|-------|-------|-------|-------|-------|-------|-------|-------|-------|-----|
| <b>Repetitions / Age Group</b>                | 17-21 | 22-26 | 27-31 | 32-36 | 37-41 | 42-46 | 47-51 | 52-56 | 57-61 | 62+ |
| <b>MALE</b>                                   | 42    | 40    | 39    | 36    | 34    | 30    | 25    | 20    | 18    | 16  |
| <b>FEMALE</b>                                 | 19    | 17    | 17    | 15    | 13    | 12    | 10    | 9     | 8     | 7   |

| <b>MALE/FEMALE SIT-UP* (2 Minutes Timed)</b> |       |       |       |       |       |       |       |       |       |     |
|--|-------|-------|-------|-------|-------|-------|-------|-------|-------|-----|
| <b>Repetitions / Age Group</b>               | 17-21 | 22-26 | 27-31 | 32-36 | 37-41 | 42-46 | 47-51 | 52-56 | 57-61 | 62+ |
| <b>MALE</b>                                  | 53    | 50    | 45    | 42    | 38    | 32    | 30    | 28    | 27    | 26  |
| <b>FEMALE</b>                                | 53    | 50    | 45    | 42    | 38    | 32    | 30    | 28    | 27    | 26  |

| <b>MALE/FEMALE 2-MILE RUN</b>  |       |       |       |       |       |       |       |       |       |       |
|--------------------------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| <b>Repetitions / Age Group</b> | 17-21 | 22-26 | 27-31 | 32-36 | 37-41 | 42-46 | 47-51 | 52-56 | 57-61 | 62+   |
| <b>MALE</b>                    | 15:54 | 16:36 | 17:00 | 17:42 | 18:18 | 18:42 | 19:30 | 19:48 | 19:54 | 20:00 |
| <b>FEMALE</b>                  | 18:54 | 19:36 | 20:30 | 21:42 | 22:42 | 23:42 | 24:00 | 24:24 | 24:48 | 25:00 |

\* Above charts are based on U. S. Army standards and are subject to change.

| <b>MALE/FEMALE WEAPON SIMULATION</b> |   |
|--------------------------------------|---|
| <b>MALE</b>                          | DRY FIRE ISSUE PISTOL 10 TIMES WITH EACH HAND |
| <b>FEMALE</b>                        | DRY FIRE ISSUE PISTOL 10 TIMES WITH EACH HAND |

2/12/2004